

Foodshed Alliance

PO Box 1155, Salida, CO 81201 | 913-904-8207 | www.FoodshedAlliance.com

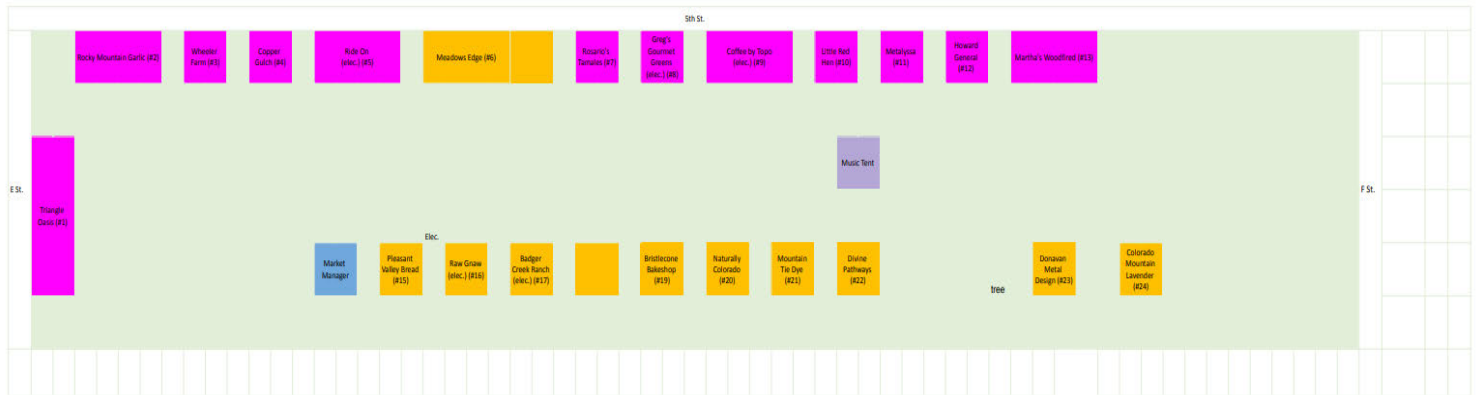
Contact: Market Manager, Sofia Adinolfi (913) 904-8207

City Council Memo

Established in 2007, Foodshed Alliance facilitates the Salida and Buena Vista summer and winter farmers markets. The 2023 summer farmers market season in Salida will operate on Saturdays beginning June 3rd through October 15th, at Alpine Park. By operating the market, we aim to minimize the gap between food producer and consumer. The farmers market plays an important role in strengthening relationships between local producers and consumers; elevating

our agricultural, prepared food, and craft small businesses; and empowering our community to support a thriving, sustainable local food economy. The market also supports food access in the community by participating in SNAP and being the only food retail outlet in Chaffee County participating in Double Up Food Bucks, a matching program that provides free, Colorado-grown fruits and vegetables to anyone that spends SNAP dollars at the market. We look forward to continuing to promote small business owners and vendors and connecting through our local food system at the summer farmers market in Salida this season.

Event Layout at Alpine Park



View results

Respondent

8

Anonymous

144:00

Time to complete

1. Event Name *

Salida Farmers Market

2. Event Contact Name *

Sofia Adinolfi

3. Event Contact Email Address *

info@foodshedalliance.com

4. Event Contact Phone Number *

913-904-8207

5. If you are requesting on behalf of an organization, is it a nonprofit (501c3)?

*

☒ Yes

☐ No

☐ N/A

6. If you have rented a park or registered for a program with Salida Parks & Rec, please indicate the name of the account in our software system (SmartRec/Amilia). *

NA

7. Event Location *

Alpine Park

8. Event Start Date *

6/3/2023



9. Event Start Time *

8:00 am

10. Event End Date *

10/21/2023



11. Event End Time *

12:00 pm

12. Estimated Number of People in Attendance *

350 - 400 people per market (21 markets total for 2023)

13. Please provide a short description of the event *

The Foodshed Alliance has been proudly operating the Salida Farmers Market for going on 16 years. We promote food and artisan vendors to assemble the farmers market every Saturday June - October. Our mission is to minimize the gap between food producer and consumer and connect people closer to the local food system.

14. Will food or merchandise be available from any vendor? *

☒ Yes

☐ No

☐ Maybe

15. If yes, then food and sale tax licenses must be obtained and possibly a multi-vendor permit. Contact the Colorado Department of Revenue for sales tax licenses at 303-232-2416, and the Chaffee County Public Health Department for Food Licenses at 719-539-2124. Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.

Multiple Vendor Permit Application:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/4_multiple_vendor_event_permit_application.pdf

Chaffee County Public Health form:

<https://www.chaffeecounty.org/EndUserFiles/57096.pdf>

16. Will alcohol be sold or distributed at your event? *

- ☐ Yes
- ☒ No
- ☐ Maybe

17. If yes, please fill out the Application for Special Events Liquor License (available at the link below) and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated nonprofit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.
- https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/5_special_events_liquor_license_application.pdf

18. Will there be amplified sound at your event *

- ☒ Yes
- ☐ No
- ☐ Maybe

19. If yes, complete the Amplified Sound Permit Application available at the following link:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/noise_permit_application_-_salida_02-15-2022_2.pdf

20. Are any streets, sidewalks, or other right-of-way closures required for your event? *

- ☐ Yes
- ☒ No
- ☐ Maybe

21. If yes, it is your responsibility to circulate and submit a petition signed by abutting residents/merchants as to their support or non-support of the closure. Click on the following link to access the petition form:

https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/6_street_closure_petition.pdf

If yes, please describe the closure request.

22. Will you require any security or law enforcement services specific to your event? *

- ☐ Yes
- ☒ No
- ☐ Maybe

23. If yes, for what purpose (security, traffic, parking, public control, Salida Trail System crossings, etc.)?

24. If additional City of Salida Police Officers are requested, they must be requested directly through the Salida Police Department (719-539-6880).

25. Where will people park for your event? *

Public parking surrounding Alpine Park

26. How many additional trash cans are needed for your event? *

0

27. Is a quote from a trash service included in your application packet? *

- ☐ Yes
- ☒ No

28. Is the Emergency Action Plan included in your application packet? *

☒ Yes

☐ No

29. Have you obtained insurance for your event that lists the City of Salida as additionally insured? *

☒ Yes

☐ No

30. Please check that you understand and will adhere to the following requirements: *



Any violation of the City of Salida Municipal Code or agreements made in the application process are grounds for denial of the Special Events permit in the future.



You will be required to have insurance and name the City of Salida as an additionally insured party. Because this is often a lengthy process, the City will accept and approve applications pending receipt of proof of insurance.



Applicants are also responsible for meeting any other agency requirements. For example, if you are serving food, you must meet all Health Department requirements.



Chaffee County Department of Health requires at least one restroom for every fifty people attending the event.



1 trash can per 50 people is required.



The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.



All clean up must be completed within 24 hours after the event concludes. If the City of Salida staff has to clean up after the event, a fee will be billed to the organizer.

31. Digital Signature: *

Sofia Adinolfi

Foodshed Alliance

PO Box 1155, Salida, CO 81201 | 913-904-8207 | www.FoodshedAlliance.com

Contact: Market Manager, Sofia Adinolfi (913) 904-8207

Salida Special Event Emergency Action Plan

I, the undersigned, agree to compile with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants

Emergency Manager (1 lead, 2 alternates)	Contact info 1	Contact info 2	Signature
1. Sofia Adinolfi			Sofia Adinolfi
2. Tiffany Collette			Sofia Adinolfi
3. Max Keller			Sofia Adinolfi
4. Leah Underwood			Sofia Adinolfi

Please complete the following template according to your Events plan and location.

The following procedures should be followed in the event of an emergency.

Communications

1. The manager or designee will communicate the designated evacuation space to participants at the beginning of the event.
2. The Emergency Manger will communicate to the event participants in an emergency with a
 - ☐ Bull Horn
 - ☐ PA system
 - ☒ Emergency level voice

Please enter your evacuation destination into the box in each of the follow scenarios
Fire

1. Call 911
2. Assist injured or disabled personnel.
3. Evacuate the building. Activate emergency shut offs if available.
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participant to - **Riverside Park, Salida**

Medical Emergency

1. Identify the medical emergency.
2. If life threatening, call 911.
3. Administer first aid if properly trained.
4. Evacuate the injured person to - **Heart of the Rockies Regional Medical Center**

Violent incident

1. Call 911.
2. Attempt to avoid the situation – move participants away
3. Try to deny contact-evacuate to - **Riverside Park, Salida**
lock/block doors, turn off lights, silence phones.
4. If necessary defend - distract, attack, subdue.

Severe Weather/Natural incident

1. Move participants away from threat if possible.
2. Evacuate to - **Moonlight Pizza, Salida**
3. Call 911

Urgent Situation (suspicious person, package, activity or bomb threat)

1. Call 911.
2. State who, what, where, when, why, and how the situation occurred.
3. If there is a bomb threat, turn off all electronics.



City of Salida

Multiple Vendor Event Permit Application

Date of Application 3/26/23

Event Name: Salida Farmers Market

1. Event location(s): Alpine Park

2. Date(s) & times(s) of event: Saturdays beginning June 3rd - October 21st 2023

06/03 - 08/26 -- 8:00 am - 12:00 pm

09/02 - 10/21-- 9:00 am - 12:00 pm

3. Individual or organization sponsor(s): Foodshed Alliance

Address: P.O. Box 1155 Salida Colorado 81201

Phone: 913-904-8207 E-mail: info@foodshedalliance.com

4. Contact Person: Sofia Adinolfi

Phone: 913-904-8207 E-mail: info@foodshedalliance.com

5. List Participating Vendors:

**REQUIREMENT: PROVIDE A COPY OF THE CURRENT STATE LICENSE
FOR EACH VENDOR**

This list grows as the year goes on as vendors apply. List of vendors attached.

(If additional space is needed, please attach a list of participating vendors.)

6. Provide Proof of Insurance (The City Administrator, at his or her discretion, may require the City be named as an additional insured.)

Copy of Insurance Attached (Yes or No) Yes

Required Fees and Checklist:



 \$75 Application Fee

 \$20 per participating vendor: Number of Vendors X \$20 =



 Current Colorado Sales Tax License for each participating vendor



 Proof of Insurance

Signed:

Event Sponsor: Sofia Adinolfi

City of Salida:

Date: 03/26/23

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #N/A CIRSA 3665 Cherry Creek North Drive Denver, CO 80209	1-303-757-5475	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: CIRSA	FAX (A/C, No):
INSURED City of Salida 448 E. 1st Street, Suite 112 Salida, CO 81201		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES

CERTIFICATE NUMBER: 67608243

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10m POL E&O Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LIAB 01-2023	01/01/23	01/01/24	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			LIAB 01-2023	01/01/23	01/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

With respects to Proof of insurance for City of Salida Farmer's Market booth.

CERTIFICATE HOLDER

Food Shed Alliance Ally PO Box 1155 Salida, CO 81201 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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